

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3-1-05 2 Serial/Patent # 10/763,498

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		12-8-04	\$ 985.-
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 985.-	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment		9 <u>02--4270</u>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<i>EOT outside six-months statutory period.</i>		

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Retta Williams TITLE: Paralegal

SIGNATURE: Retta Williams PHONE: 272-3229

OFFICE: Petitions

***** THIS SPACE RESERVED FOR FINNCE USE ONLY: *****

APPROVED: Licia Kelle DATE: 3/2/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B